



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)			Complete if Known		
			Application Number		
			Filing Date		
			First Named Inventor		
			Group Art Unit		
Examiner Name			Masatake Nukui		
Attorney Docket Number			16CT02158		
Sheet	1	of	1		

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	U.S. Patent Document		Name of Patentee or Applicant Of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number	Kind Code* (if known)			
<i>Don</i>	AA	6,600,801	B2	Raupach	Jul. 29, 2003	
<i>Don</i>	AB	6,470,206	B2	Nukui et al.	Oct. 22, 2002	
<i>Don</i>	AC	6,438,197	B2	Stierstorfer	Aug. 20, 2002	
<i>Don</i>	AD	5,953,444		Joseph et al.	Sep. 14, 1999	
<i>Don</i>	AE	5,528,644		Ogawa et al.	Jun. 18, 1996	
<i>Don</i>	AF	4,962,514		Hart et al.	Oct. 9, 1990	
	AG					
	AH					
	AI					
	AJ					
	AK					
	AL					
	AM					
	AN					
	AO					
	AP					
	AQ					

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document			Name of Patentee or Applicant of Cited Document	Date of Publication of Cited Document MM-DD-YYYY	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ²
		Office ³	Number ⁴	Kind Code ⁵ (if known)				
<i>Don</i>	FA	Japan	05-130987		GE Yokogawa Medical Systems Ltd.	05-28-1993	English translation	
	FB							
	FC							

OTHER PRIOR ART - - NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the Items (book, magazine, journal, serial, symposium, catalog, etc.), data, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²

Examiner Signature	<i>Don Brine</i>	Date Considered:	4/29/05
-----------------------	------------------	---------------------	---------

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Unique citation designation number. ²Applicant is to place a checkmark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.